



Application No. (if known): 09/375,514

Attorney Docket No.: 20274/1200990-US5

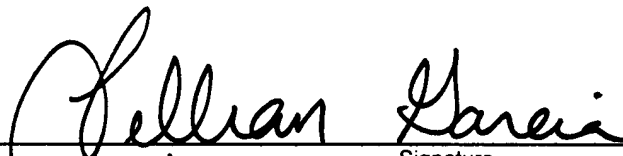
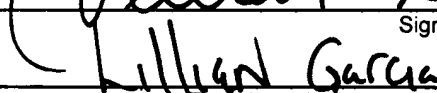
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Fee Summary Sheet (1 page)  
Fee Transmittal; Check No. **9548** in the amount of \$125  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment Transmittal (1 page)  
Amendment and Response to Final Office Action (11 pages)  
Exhibit A: Terminal Disclaimer by Applicant Attorney (1 page)  
Exhibit B: Illustration provided in Figure 8-35 of Molecular Biology of the Cell, 4th ed., Alberts et al. eds., New York: Garland Publishing; 2002  
Return Receipt Postcard



**FEE SUMMARY SHEET**  
**Transmittal -- Amendment**

Date: August 26, 2005  
Time: 1:27 PM  
Docket: 20274/1200990-US5

Filing Date: August 17, 1999  
Application No: 09/375,514  
Total Fee: \$ 125.00



Code	Amount	37 CFR	Fee Description	Listed on
2251	60.00	1.17(a)(1)	Extension for response within first month	Fee Transmittal (PTO SB-17)
2814	65.00	1.20(d)	Statutory Disclaimer	Fee Transmittal (PTO SB-17)



PTO/SB/17 (12-04v2)  
Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	09/375,514-Conf. #5198
		Filing Date	August 17, 1999
		First Named Inventor	John C. Reed
		Examiner Name	T. A. Vivlemore
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1635	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 125.00	Attorney Docket No.	20274/1200990-US5

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 04-0100    Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

30    - 48 =    x    =    **Fee (\$)**    **Fee Paid (\$)**

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

2    - 3 =    x    =    **Fee (\$)**    **Fee Paid (\$)**

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 (round up to a whole number) x _____	_____	_____

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2251 Extension for response within first month	60.00
2814 Statutory Disclaimer	65.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	48,008
Name (Print/Type)	Irina E. Vainberg, Ph.D.	Telephone	(212) 527-7634
		Date	August 26, 2005

Express Mail Label No.

Dated: \_\_\_\_\_

